

Attachment A

**DUTCHESS COUNTY
COMMON GRANT APPLICATION COVER PAGE**

Date of Application: _____

Name of Organization: _____

Address of Organization: _____

City, State, Zip: _____

Name of Program: _____

Telephone: () _____ Fax #: () _____

E-Mail Address: _____

Name of contact person: _____

Direct Dial Phone Number of Contact Person: () _____

Signature of Executive Director: _____

Signature of Board Chair: _____

The amount being requested: \$_____ # of customers to be served _____

☐ Check here if this is a brand new program.

If you are applying for Youth Bureau funding indicate which category of funds you are applying for: _____